



Application of: David M. Stern, et al.

Serial No.: 08/905,709

Group Art Unit: 1646

Filed : August 5, 1997

Examiner: E. Lazar-Wesley

For : A METHOD TO PREVENT ACCELERATED ATHEROSCLEROSIS USING (sRAGE)
SOLUBLE RECEPTOR FOR ADVANCED GLYCATION ENDPRODUCTSMail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

February 12, 2004

S I R:

Transmitted herewith is an amendment to the above identified application.

☒ Small entity status of this application under 37
C.F.R. §1.9 and §1.27 has been established by a
verified statement previously submitted.

☐ A verified statement to establish small entity status
under 37 C.F.R. §1.9 and §1.27 is enclosed.

☒ No additional fee is required.

The filing fee is calculated as follows:

| | NUMBER AFTER AMEND- MENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | NUMBER OF EXTRA CLAIMS PRESENTED | | RATE | | | FEE | |
|---|-----------------------------------|---|---|---|---|---|------------------------------|-----------------|---|-----------------|-----------------|
| | | | | | | | SMALL ENTITY | OTHER ENTITY | | SMALL ENTITY | OTHER ENTITY |
| Total Claims | 13 | - | 35 | = | 0 | X | \$9 | \$18 | = | 0 | 0 |
| Indepen- dent Claims | 1 | - | 3 | = | 0 | X | \$43 | \$86 | = | 0 | 0 |
| Multiple Dependent Claim(s) Presented Yes <input checked="" type="checkbox"/> No | | | | | | | \$145 | \$290 | 0 | 0 | 0 |
| For First Time | | | | | | | TOTAL ADDITIONAL FEE \$ 0 | | | | |

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than
20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than
3, write "3" in this space.

***If the difference between the "NUMBER AFTER AMENDMENT" and
the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than
"0", write "0" in the space.

25

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Amendment Transmittal Letter
Page 2

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment of the number of claims as originally filed.

____ Please charge Deposit Account No. 03-3125 in the amount of \$ _____. Three copies of this sheet are enclosed.

____ A check in the amount of \$ _____ is enclosed.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposition Account No. 03-3125. Three copies of this sheet are enclosed.

X Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Alan J. Morrison
Reg. No. 37,399

2/12/07
Date



Dkt. 0575/52876/JPW/AJM/AAB

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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U.S. Serial No.: 08/905,709 Examiner: E. Lazar-Wesley
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1185 Avenue of the Americas
New York, New York 10036
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Alexandria, VA 22313-1450

Sir:

AMENDMENT IN RESPONSE TO NOVEMBER 12, 2003 FINAL OFFICE ACTION

This Amendment is submitted in response to a November 12, 2003 Final Office Action issued by the United States Patent and Trademark Office in connection with the above-identified application. A response to the November 12, 2003 Final Office Action is due February 12, 2004. Accordingly, this Amendment is being timely filed.